

**IF REQUESTING BIRTH RECORD OF DECEASED PERSON---PLEASE SO STATE.
PLEASE PRINT**

Application for search of birth record files-----\$10.00

Request must be made by the person, if 18 yrs. or older, or by a parent of the person listed on the birth record to whom the record relates.

Full name on birth record: _____

Date of birth: _____

Place of birth(City or Township): _____

Father's Name: _____

Mother's full maiden name: _____

The statutory fee for a SEARCH of the birth record files is \$10.00. If the record is found, one certified copy is furnished. Additional copies of the same record issued at the same time for \$4.00 each.

Signature: _____

Address: _____ City: _____

Relationship (Circle One: Self, Mother, Father, Legal Representative)

Requestor's S.S. # or Dr. Lic. #: _____ Phone () _____

If this request is for GENEALOGICAL PURPOSES, PLEASE CHECK HERE: _____

DO NOT SEND THIS COMPLETED FORM VIA FAX OR INTERNET, ILLINOIS LAW REQUIRES WE HAVE THE ORIGINAL COMPLETED FORM VIA MAIL. OUR ADDRESS IS:

**MONTGOMERY COUNTY CLERK
PO BOX 595
HILLSBORO, IL 62049**

QUESTIONS? Call us at (217) 532-9530 M-F 8 AM-4 PM.